

Eric Doktor	)	Settlement Date:	6/8/2023
	)	Attorney:	LMT
Plaintiff,	)	Date Hired:	7/17/2021
	)	Market:	Chatt
v.	)	Case Type:	PI
	)	Case #:	51628
Terri Harolson, individually and as	)		
next friend of Devon Harolson	)		
Defendant.	)		
	)		

### SETTLEMENT STATEMENT

Total Settlement		\$	4,006.00
Less Attorney's fee 1/3 (Bankruptcy Court)	\$1,335.33		
Less expenses of case (see attached)	\$867.49		
Client Share of Settlement		\$	1,803.18
Disbursement of client's share:			
1)			
2)			
3)			
4)			
5)			
6)			
7) Client		\$	1,803.18

**Note:** WK is not responsible for outstanding balances owed to medical providers other than Hospitals, Medicare/Medicaid, BCBS, Med-Pay Subrogation and any letter of protection that were signed for payment at the conclusion of the case. All other balances owed to physician's offices, collection agencies, ambulance services, radiology services, ER Physicians billing services, and/or any other entities are the sole responsibility of the client.

**Any other balances owed not shown on settlement statement are client's sole responsibility to pay.**

**TRUST ACCOUNT CHECKS:**

1) Wettermark & Keith (operating account)		\$1,335.33
2) Wettermark & Keith (case expenses)		\$867.49
3)	0	\$0.00
4)		\$0.00
5)		\$0.00
7)		\$0.00
8)		\$0.00
9) Cash to Client		\$1,803.18

**I, the undersigned, have read the foregoing Settlement Statement or had it read to me. I fully understand the contents of the Settlement Statement. I further acknowledge that the above disbursements were made pursuant to the agreement with my attorneys.**

**I acknowledge that I have been informed that income tax on part or all of the settlement funds may have to be paid and that I should contact an accountant or tax lawyer of my choice for advice regarding taxable consequences. Wettermark & Keith, nor any of its representatives, have made any representation to me nor given any advice relating to taxes other than as stated above.**

**I also acknowledge that Wettermark & Keith, nor any of its representatives, have made any representation to me nor given me any advice regarding the effect these proceeds may have on any government benefit including, but not limited to, Social Security, Social Security Disability, SSI, Medicare, Medicaid, or Welfare benefits. I understand that it is my sole responsibility for reporting these proceeds to the respective agencies.**

**I also represent to my attorneys that I am not in any bankruptcy proceeding and that none of these settlement proceeds are subject to any bankruptcy proceeding.**

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*ERIC DOKTOR*

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*Date*